



L. Parks
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PATENT
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Gregory J. Linden et al.

Docket No.: P-9611.00

Serial No.: 09/935,019

Group Art: 3762

Filed: August 22, 2001

Examiner:

Title: MEDICAL DEVICE SYSTEMS IMPLEMENTED NETWORK SYSTEM
FOR REMOTE PATIENT MANAGEMENT

Commissioner of Patents and Trademarks
U.S. Patent and Trademark Office
Washington, D.C. 20231


Dear Sir:

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

The enclosed patents are cited as potentially pertinent to examination of the above application. The attorney for applicants certifies according to CFR §1.97(e) that each item of information contained in this Supplemental Information Disclosure Statement was cited in a communication from a foreign patent office in a counterpart foreign patent application not more than three months prior to filing of the Statement.

Respectfully submitted,

GREGORY J. LINDEN ET AL.

By: 
Girma Wolde-Michael
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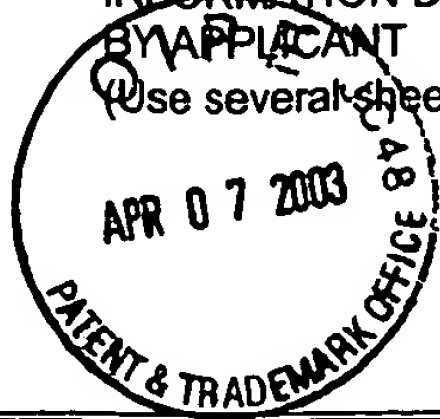
U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICEATTY. DOCKET NO.:
P-9611.00

SERIAL NO: 09/935,019

INFORMATION DISCLOSURE STATEMENT

BY APPLICANT

(Use several sheets if necessary)



APPLICANT: Gregory J. Linden et al.

FILING DATE:
August 22, 2001

GROUP: 3762

U.S. PATENT DOCUMENTS

| EXAMINER INITIAL | | DOCUMENT NUMBER | DATE ISSUED | INVENTOR NAME | U.S. CLASS | U.S. SUB- CLASS | FILING DATE IF APPROPRIATE |
|---------------------|----|--------------------|----------------|------------------|---------------|-----------------------|----------------------------------|
| | AA | 5,915,240 | 06/22/99 | Karpf | | | |
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FOREIGN PATENT DOCUMENTS

| | | DOCUMENT NUMBER | DATE PUBLICATION | COUNTRY | INT. CLASS | INT. SUB- CLASS | TRANSLATION | |
|--|----|--------------------|---------------------|---------|---------------|-----------------------|-------------|----|
| | | | | | | | YES | NO |
| | | | | | | | | |
| | AB | WO 00/10455 | 02.03.00 | PCT | A61B | 5/04 | | |
| | AC | WO 98/15910 | 16.04.98 | PCT | G06F | 19/00 | | |

OTHER DOCUMENTS (Including Author, Title, Date Pertinent Pages, Etc.)

| | | |
|--|----|---|
| | AD | Katsikas, S. et al., "Using Trusted Third Parties for Secure Telemedical Applications Over the WWW: The Euromed-ETS Approach," <u>Intl J of Medical Informatics</u> , No. 49, p. 59-68 (1998) |
| | | |
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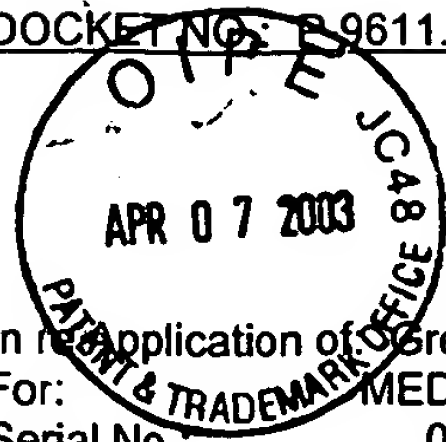
EXAMINER

DATE CONSIDERED

EXAMINER:

Initial if citation considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT TRANSMITTAL

In re application of Gregory J. Linden et al.

For: MEDICAL DEVICE SYSTEMS IMPLEMENTED NETWORK SYSTEM FOR REMOTE PATIENT MANAGEMENT

Serial No.: 09/935,019

Filed: August 22, 2001

CERTIFICATE OF MAILING UNDER 37 CFR 1.8: I hereby certify that this **SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT** and the paper(s), as described herein, are being deposited in the U.S. Postal Service, as first class mail, addressed to the Commissioner of Patents and Trademarks, Washington, D.C. 20231 on this 2nd day of April, 2003.

Signature

Sue McCoy

Printed Name

Commissioner of Patents and Trademarks
Washington, D.C. 20231

Sir:

We are transmitting herewith the attached:

- ☒ Supplemental Information Disclosure Statement
- ☒ PTO FORM 1449
- ☒ Copies cited references
- ☒ Return Postcard

FEE CALCULATION

- ☐ \$ 00.00 Pursuant to 37 CFR §1.97(b) (before mailing of first Office Action)
- ☒ \$ 00.00 Pursuant to 37 CFR §1.97(c) with Certification (cited in foreign application not more than 3 months earlier)
- ☐ \$ 00.00 Pursuant to 37 CFR §1.97(e) with Certification
- ☐ \$180.00 Pursuant to 37 CFR §1.97(c) without Certification
- ☐ \$180.00 Pursuant to 37 CFR §1.97(d) with Certification

- ☐ Applicant hereby petitions for a _____ months' extension of time. If an additional extension of time is required, please consider _____ this petition therefor.
- ☒ Applicant believes that no extension of time is required. However, if an extension of time is required, please consider this a petition therefor to provide for the possibility that applicant has inadvertently overlooked the need for an extension of time.
- ☒ Please charge any additional fees or credits to Deposit Account No. 13-2546 which may have been overlooked with regard to this filing. A duplicate of this transmittal is enclosed.

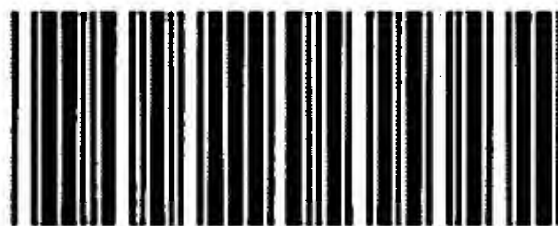
Date

04/01/03

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